



MISSOURI DEPARTMENT OF AGRICULTURE
DIVISION OF ANIMAL HEALTH
APPLICATION FOR DEPUTYSHIP COMMISSION

I hereby apply for appointment as a Deputy State Veterinarian under the provisions of Section 267.050 Missouri Revised Statutes 1978.

If appointed as a Deputy State Veterinarian, I agree to cooperate in carrying out my duties with respect to the strict enforcement of all disease control laws and regulations of the State of Missouri, and to cooperate with the Director of Agriculture and the Director of the Division of Animal Health in any special assignments made to me in connection with the above. I agree to promptly submit all reports required by the Director of the Division of Animal Health, with respect to my official duties as a Deputy State Veterinarian.

It is understood that failure to comply with, or to be a party to violations of, any Missouri disease control laws or regulations may result in suspension or revocation of my deputyship if deemed advisable by the Director of Agriculture and the Director of the Division of Animal Health.

Dated this the _____ day of _____, 20 ____.

Dr. _____ DVM
(SIGNATURE OF APPLICANT)

Social Security Number _____ - _____ - _____

PLEASE PRINT

NAME

BUSINESS ADDRESS

COUNTY

CITY

STATE

ZIP

OFFICE PHONE

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TYPE OF PRACTICE (LARGE ANIMAL, SMALL ANIMAL, MIXED)

NAME OF PRACTICE OR CLINIC

FAX NUMBER

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E-MAIL ADDRESS

FOR OFFICIAL USE ONLY

VET AGREEMENT CODE:

TUBE CODE